

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90026 046 \*\*\*150.00

<b>DOCUMENT # P94000054035</b> 1. Entity Name <b>CROWLEY &amp; COMPANY ADVERTISING, INC.</b>					
Principal Place of Business <b>2416 NO. ESSEX AVENUE HERNANDO, FL 34442</b>			Mailing Address <b>2416 NO. ESSEX AVENUE HERNANDO, FL 34442</b>		
2. Principal Place of Business - No P.O. Box # <b>305 S. SALISBURY TERRACE</b> Suite Apt. #, etc. <b>B</b>		3. Mailing Address <b>305 S. SALISBURY TERRACE</b> Suite Apt. #, etc. <b>B</b>			
City & State <b>LECANTO, FL</b>		City & State <b>LECANTO, FL</b>		4. FEI Number <b>59-3259688</b>	
Zip <b>34461</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CROWLEY, ROBERT P 2416 N ESSEX AVE HERNANDO, FL 34442</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>305 S. SALISBURY TERRACE</b> City <b>LECANTO</b> State <b>FL</b> Zip Code <b>34461</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWLEY, ROBERT P		NAME		
STREET ADDRESS	708 W. TOUCAN LOOP		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWLEY, JOANNE F		NAME		
STREET ADDRESS	8751 N AMBOY		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWLEY, EILEEN M		NAME		
STREET ADDRESS	708 W. TOUCAN LOOP		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAYADOFF, KATHLEEN A		NAME		
STREET ADDRESS	1172 W. LEGION COURT		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			Date <b>3/18/08</b> Daytime Phone # <b>352-341-4769</b>		